

EMERGENCY HELP

Please keep and use this list of important phone numbers.

**ATTACH IT TO THE WALL
CLOSE TO YOUR
TELEPHONE.**

The lines listed here are available
24 hours a day to ALL callers:

1. Life Threatening Emergency:
911
2. Poison Control :
1-937-222-2227
3. Suicide Prevention:
1-937-297-4777
4. Abuse / Crisis Hotline:
1-937-222-6333
5. AIDS:
1-800-590-2437
6. Alcoholics Anonymous, Al Anon, Alateen:
1-800-234-0420

Important VA Numbers

Clinic Hours/ Days:

1-937-268-6511

Primary Care Teams:

Blue	1-937-267-5369
Red	1-937-267-5371
Green	1-937-267-5324
Orange	1-937-267-5323

Prescription refills

number

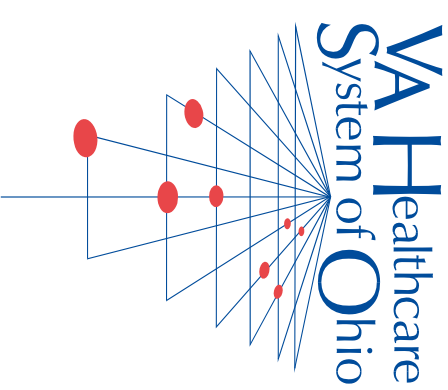
(Please call at least a week before your medication runs out):

1-800-368-8262
1-937-267-5325

Scheduling:

1-800-368-8262
1-937-268-6511
(choice # 9 on menu)

Brochures Developed at Dayton by
Network Triage Task Force



VA TELE-NURSE Telephone Referral Service

CALL TOLL FREE

1-(888)-VET-OHIO
1-(888)-838-6446

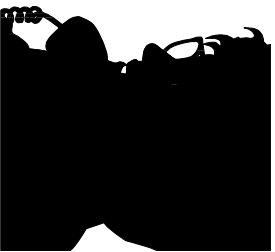
or

267-5348

VETERANS AFFAIRS MEDICAL CENTER

DAYTON, OHIO

What Is VA TELE-NURSE ?



The VA now offers telephone advice services to Veterans 24 hours a day, 365 days a year. Call the **VA TELE-NURSE** if you have Symptoms, Questions, or need Advice about any Health problem. If your symptoms are not serious, you may not need an appointment. The **VA TELE-NURSE** will tell you how to treat the problem at home.

The **VA TELE-NURSE** can also give you advice, information, counseling and referrals to the nearest VA Hospital or Clinic.

Call the **VA TELE-NURSE** at the first signs of a problem. Early treatment is a key factor in dealing with many health care problems.

How To Help The VA TELE-NURSE Help You

Please be prepared to answer with the following important information for the Nurse:

1. **Full Name**
2. Your full **Social Security Number**
3. Please tell the nurse your **current address**
4. **Phone number** and **area code** where you can be reached
5. What VA hospital or clinic do you go to for your treatment?
6. Who is your **primary care physician** (or who do you see most often)



7. What **Medicines** are you currently taking? (You may want to get your medications so you can provide this information off of the container)
8. Any Medical or Physical Problems you think the Nurse should know about. (**Your reason for calling**)

Thank You
for taking the
time to read this
brochure.

Please tell others
about this
service.